

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-579)							SERIAL NO. 09.3107714	FILING DATE					
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/	/		52						
3		/		/	/		53						
4		/		/	/		54						
5		/		/	/		55						
6		/		/	/		56						
7		/		/	/		57						
8		/		/	/		58						
9		/		/	/		59						
10		/		/	/		60						
11		/		/	/		61						
12		/		/	/		62						
13		/		/	/		63						
14		/		/	/		64						
15		/		/	/		65						
16		/		/	/		66						
17		/		/	/		67						
18		/		/	/		68						
19		/		/	/		69						
20		/		/	/		70						
21		/		/	/		71						
22		/		/	/		72						
23		/		/	/		73						
24		/		/	/		74						
25		/		/	/		75						
26		/		/	/		76						
27		/		/	/		77						
28		/		/	/		78						
29		/		/	/		79						
30		/		/	/		80						
31		/		/	/		81						
32		/		/	/		82						
33		/		/	/		83						
34		/		/	/		84						
35		/		/	/		85						
36		/		/	/		86						
37		/		/	/		87						
38		/		/	/		88						
39		/		/	/		89						
40		/		/	/		90						
41		/		/	/		91						
42		/		/	/		92						
43		/		/	/		93						
44		/		/	/		94						
45		/		/	/		95						
46		/		/	/		96						
47		/		/	/		97						
48		/		/	/		98						
49		/		/	/		99						
50		/		/	/		100						
TOTAL IND.	26		25		15		TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	26		25		15		TOTAL CLAIMS						

CLAIMS ONLY

SERIAL NO.

09/367714

FILING DATE

APPLICANT(S)

2

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	1					
TOTAL DEP.							TOTAL DEP.	18					
TOTAL CLAIMS							TOTAL CLAIMS	19					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS